

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	PCT/IB03/04631 / 10/532,378
Filing Date	October 21, 2003
First Named Inventor	Viktor Vladimirov Kassovski
Title	SIGNALLING MEANS FOR SENSOR ARRAYS
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	016998-003800US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

- ☒ Practitioners associated with the Customer
Number:

20350

OR

- ☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

- ☒ The address associated with the above-mentioned Customer Number:

OR

- ☐ The address associated with Customer Number:

OR

☐ Firm or
Individual Name
Address

City

State

Zip

Country

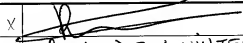
Telephone

Fax

I am the:

- ☐ Applicant/Inventor.
- ☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature		Date	8-5-2006
Name	Rudi DE WINTER	Telephone	
Title and Company	CEO MELEXIS		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.